

Exhibit Y



Jay T. Segarra M.D., FACP

NIOSH Certified B-Reader

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Camellia Place • 2123 Government Street • Ocean Springs, Mississippi 39564
Phone/Fax (228) 872-2411

X-RAY EVALUATION

October 25, 2002

Jones, Willie

JC/LC

DOB: [REDACTED]

HISTORY: History of asbestos and silica exposure, 1967-1981, foundry.

PA and lateral views of the chest dated September 9, 2002 are reviewed for the presence of, and classification of pneumoconiosis according to the ILO (1980) classification.

Film quality is grade 1. Examination of the lung parenchyma reveals a diffuse bilateral interstitial pattern consisting of rounded and irregular small opacities of size and shape P/S, ILO profusion 1/0 in all six lung zones. Examination of the pleural surfaces demonstrates no pleural plaques, pleural thickening, or pleural calcifications. No parenchymal infiltrates, nodules or masses are present. The trachea is midline. The heart size is normal and the mediastinal structures are unremarkable. There are no other significant intrathoracic findings. No earlier films are available for comparison.

IMPRESSION:

WITH REASONABLE MEDICAL CERTAINTY, RADIOGRAPHIC EVIDENCE FOR MIXED-DUST PNEUMOCONIOSIS [REDACTED] BASED ON AN-APPROPRIATE EXPOSURE HISTORY.

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102502.JC1cal



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JENS WILLIE
WORKER'S Social Security Number [REDACTED]

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TYPE OF READING

A PFACILITY
IDENTIFICATION
JC [REDACTED]

1A. DATE OF X-RAY MONTH DAY YR 09 09 02	1B. FILM QUALITY <input checked="" type="checkbox"/> 2 3 UR	1C. IS FILM COMPLETELY NEGATIVE? YES <input type="checkbox"/> PROCEED TO SECTION 5 NO <input checked="" type="checkbox"/> PROCEED TO SECTION 2																																									
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?		YES <input checked="" type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> PROCEED TO SECTION 3																																									
2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY <input checked="" type="checkbox"/> SECONDARY <input type="checkbox"/> <table border="1"><tr><td>X</td><td></td></tr><tr><td>Q</td><td>T</td></tr><tr><td>Y</td><td>U</td></tr></table>		X		Q	T	Y	U	b. ZONES <table border="1"><tr><td>X</td><td>X</td></tr><tr><td>X</td><td>X</td></tr><tr><td>X</td><td>X</td></tr><tr><td>R</td><td>L</td></tr></table> c. PROFOUND <table border="1"><tr><td>0/</td><td>0/0</td><td>0/1</td></tr><tr><td>1/2</td><td>1/1</td><td>1/2</td></tr><tr><td>2/1</td><td>2/2</td><td>2/3</td></tr><tr><td>3/2</td><td>3/3</td><td>3+</td></tr></table>	X	X	X	X	X	X	R	L	0/	0/0	0/1	1/2	1/1	1/2	2/1	2/2	2/3	3/2	3/3	3+	2C. LARGE OPACITIES SIZE <input checked="" type="checkbox"/> A B C PROCEED TO SECTION 3														
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3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?		YES <input type="checkbox"/> COMPLETE 3B, 3C and 3D NO <input checked="" type="checkbox"/> PROCEED TO SECTION 4																																									
3B. PLEURAL THICKENING a. CIRCUMSCRIBED (plaques) SITE O R L IN PROFILE I. WIDTH <table border="1"><tr><td>O</td><td>A</td><td>B</td><td>C</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> II. EXTENT <table border="1"><tr><td>O</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table>		O	A	B	C	0	1	2	3	O	1	2	3	0	1	2	3	3B. PLEURAL THICKENING... Chest Wall b. DIFFUSE SITE O R L IN PROFILE I. WIDTH <table border="1"><tr><td>O</td><td>A</td><td>B</td><td>C</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> II. EXTENT <table border="1"><tr><td>O</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> FACE ON III. EXTENT <table border="1"><tr><td>O</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table>	O	A	B	C	0	1	2	3	O	1	2	3	0	1	2	3	O	1	2	3	0	1	2	3	PROCEED TO SECTION 4
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3D. PLEURAL CALCIFICATION a. DIAPHRAGM b. WALL c. OTHER SITES		SITE O R L EXTENT <table border="1"><tr><td>O</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> a. DIAPHRAGM b. WALL c. OTHER SITES	O	1	2	3	0	1	2	3	0	1	2	3	SITE O L EXTENT <table border="1"><tr><td>O</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> PROCEED TO SECTION 4	O	1	2	3	0	1	2	3	0	1	2	3																
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4A. ANY OTHER ABNORMALITIES?		YES <input type="checkbox"/> COMPLETE 4B and 4C NO <input checked="" type="checkbox"/> PROCEED TO SECTION 5																																									
4B. OTHER SYMBOLS (OBLIGATORY)		Report items which may be of present clinical significance in this section. (SPECIFY od.) <input type="checkbox"/> DD	Data Personal Physician notified? MONTH DAY YR																																								
4C. OTHER COMMENTS		<hr/> <hr/> <hr/>																																									
SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C.		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PROCEED TO SECTION 5																																								

5. FILM READER'S INITIALS **JTS**

DATE OF READING MONTH DAY YR 10/25/02